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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	'	-or Other Than Air Authorized Committee	Office Use Only
1.	NAME OF COMMITTEE (in full)		
1	American College of Nurse-M	idwives Midwives-PAC	
Ш			
AD	DRESS (number and street)		
	Check if different than previously reported. (ACC)	Silver Spring	MD 20910 - 6374
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ▲	STATE A ZIPCODE A
	C00358812	EXPERIENCE OF REPORT See One) COPREPORT See One) COPREPORT See One) Counterly Reports: April 16 Quarterly Report(Q1) July 15 Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q2) Quarterly Report(Q2) Report Re	
4.	TYPE OF REPORT (Choose One)	Report Feb 20 (M2) May 20 (M5	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	= 4.0 4.11	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
			Oct 20 (M10) Jan 31 (YE)
	July 15	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
		2)	Special (12S)
	January 31		
	Report(Non-election	· ·	Runoff (30R) Special (30S)
	Termination Report	` '	
_	(TER)	Election on 11 29	2010
5.	Covering Period 1 0	1 4 2 0 1 0 through 1 1	22 2010
l ce	ertify that I have examined this F	eport and to the best of my knowledge and belief it is true, correct	ot and complete.
Тур	oe or Print Name of Treasurer	Michelle Ann Harris	
Sig	nature of Treasurer Electron	ically Filed by Michelle Ann Harris	Date 12 02 2010
NO	OTE : Submission of false, erron	eous, or incomplete information may subject the person signing t	his Report to the penalties of 2 U.S.C 437g.
FE	6AN026		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American College of Nurse-Midwives Midwives-PAC

22 2010 1 0 14 2010 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 28494.67 January 1 (b) Cash on Hand at 44434.61 Begining of Reporting Period 2730.25 41500.73 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 47164.86 69995.40 6(a) and 6(c) for Column B) 35245.77 58076.31 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 11919.09 11919.09 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

2/9

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 9

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

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Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	3830.00
	(ii) Unitemized	2730.25	37670.73
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2730.25	41500.73
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2730.25	41500.73
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2730.25	41500.73
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2730.25	41500.73

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/9

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating Expenditures	21245.77	44076.31
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	21245.77	44076.31
	Transfers to Affiliated/Other Party	0.00	0.00
3. (CommitteesContributions to	0.00	0.00
 	Federal Candidates/Committeesand Other Political Committees	14000.00	14000.00
4.	Independent Expenditure	0.00	0.00
5. ((use Schedule E)	0.00	0.00
. (Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3. I	Loan Repayments Made	0.00	0.00
, ,	Lagra Mada	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
((b) Political Party Committees	0.00	0.00
,	(c) Other Political Committees		
`	(such as PACs)	0.00	0.00
((d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. (Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35245.77	58076.31
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	05045.77	50070 04
	from Line 31)	35245.77	58076.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 9

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	2730.25	41500.73
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2730.25	41500.73
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21245.77	44076.31
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	21245.77	44076.31

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 cone)										
Any Information copied from such Reports and Staten													
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to soi	icit contributions from such committee										
American College of Nurse-Midwives Midw	rives-PAC												
Full Name (Last, First, Middle Initial) People For Patty Murray			Transaction ID: 32523257 Date of Disbursement										
Mailing Address PO Box 3662			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$										
City Seattle	State Zip Code WA 98124		Amount of Each Disbursement this Period										
Purpose of Disbursement Contribution		011	2000.00										
Candidate Name Sen. Patty Murray		Category/ Type											
Office Sought: House Disburse X Senate President State: WA District:	ment For: 2010 Primary X General Other (specify)		Contribution										
Full Name (Last, First, Middle Initial)			Transaction ID: 32523338										
Richard E Neal For Congress Committee Mailing Address 76 Magnolia Terrace			Date of Disbursement 10 27 2010										
70 Magnona Terrace													
Springfield	State Zip Code MA 01108		Amount of Each Disbursement this Period										
Purpose of Disbursement Contribution	I	011	2000.00										
Candidate Name Rep. Richard Neal	-	Category/ Type											
Office Sought: X House Senate President State: MA District: 02	ment For: 2010 Primary X General Other (specify) ▼		Contribution										
Full Name (Last, First, Middle Initial)			Transaction ID: 32523340										
Friends of Blanche Lincoln			Date of Disbursement										
Mailing Address P.O. Box 3197			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & I & O \end{smallmatrix} \end{bmatrix}$										
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period										
Purpose of Disbursement Contribution		011	2000.00										
Candidate Name Sen. Blanche Lincoln		Category/ Type											
X Senate President	ment For: 2010 Primary X General Other (specify)		Contribution										
State: AR District:													
SUBTOTAL of Disbursements This Page (optional)		>	6000.00										

TOTAL This Period (last page this line number only)

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	y Information copied from such Reports a or commercial purposes, other than using													i
\rangle	NAME OF COMMITTEE (In Full) American College of Nurse-Midwiv	ves Midwi	ves-PAC											
	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress								saction of Dis		3252 ment	3347	,	
	Mailing Address P.O. Box 2232		1 ^M 0	M /	^D 2	7 /	Ý Ž	0 1 0	Y					
	City Jenkintown		State PA	Zip Code 19046				Amo	unt of	Each	Disburs		-	-
	Purpose of Disbursement Contribution					01		L.	•			10	00.00	
	Candidate Name Rep. Allyson Y. Schwartz	Distance		2040		ate Ty	gory/ pe							
	Office Sought: X House Senate President		nent For: Primary Other (spec	2010 X General cify) ▼				Cont	ributi	on				
	State: PA District: 13 Full Name (Last, First, Middle Initial)										3252	3531		
	Friends of Lois Capps Mailing Address P.O. Box 23940							1 0	of Dis	Durse 2		Y Ž	0 Ť 0	Y
	City Santa Barbara		State CA	Zip Code 93121				Amo	unt of	Each	Disburs	emen	t this F	Peric
	Purpose of Disbursement Contribution		<u> </u>	93121	Г	01	11					20	00.00	
	Candidate Name Lois G. Capps					_	gory/							
	Office Sought: X House Senate President State: CA District: 22		nent For: Primary Other (spec	2010 X General cify) ▼				Cont	ributi	on				
	Full Name (Last, First, Middle Initial) Becerra For Congress							Date	of Dis	burse		3734		
	Mailing Address PO Box 261060							1 ^M 0	M /	^D 2	7 /	Ý Ž	0 Í 0	Y
	City Los Angeles		State CA	Zip Code 90026				Amo	unt of	Each	Disburs			-
	Purpose of Disbursement Contribution		011					<u>L.</u>	•	•		10	00.00	
	Candidate Name Rep. Xavier Becerra					ate Ty	gory/ pe							
	Office Sought: X House Senate President State: CA District: 31		nent For: Primary Other (spec	2010 X General cify) ▼				Cont	ributi	on				
_	State: CA District: 31	(optional)							•				00.00	

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SCHEDULE B (FEC Form 3X)	Hee cope	arate schedule(s)		F	OR LIN	IE N	UMBE	R:			PA	AGE	8/9	
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NAME OF COMMITTEE (In Full) American College of Nurse-Midwives Midv	vivos BAC													
American College of Nurse-Midwives Midw	VIVES-PAC													
Full Name (Last, First, Middle Initial)									_			741		
Pete Stark Re-election Committee								_				/ \	· · ·	V
Mailing Address P.O. Box 8331									Ĺ	2 7	7	2	010)
City Fremont	State CA	Zip Code 94537					Amou	nt o	f Ea	ch C	Disburse	mer	t this I	Period
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Candidate Name Rep. Fortney Pete Stark			Ca	at	egory/									
	ement For:	2010		•	700		Contr	ibut	ion					
Senate President	Primary	X General					Conti	ibut	1011					
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Full Name (Last, First, Middle Initial)							Trans	acti	on	ID:	32523	3742)	
Blumenauer For Congress								_	_					
Mailing Address 830 Ne Holladay, #105							1 ^M 0	М		2 7	7 _	Ž	0 Ĭ () [*]
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Candidate Name Rep. Earl Blumenauer					0 ,									
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Senate	Primary	X General					Contr	ibut	ion					
President State: OR District: 03	Other (spe	cify)												
Full Name (Last, First, Middle Initial)							T				00500	745		
Friends of Barbara Boxer												745)	
Mailing Address PO Box 411176								M .	′ [2 7	7 / `	Ž	0 1 () Y
City Los Angeles	State CA	Zip Code 90041					Amou	nt o	f Ea	ch C	Disburse		-	
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Candidate Name			_	_	_									
Sen. Barbara Boxer														
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President	Other (spe													
State: CA District:														
SUBTOTAL of Disbursements This Page (optional)					. •							40	00.00	
TOTAL This Period (last page this line number only)					•							140	00.00	

Detailed Summary Page X 21b 22 28a 28b 28c 28 28c 28		CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		arate schedule(s)		(che	ck only	–	R:			AGE	9/9						
And Continuing the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American College of Nurse-Midwives Midwives-PAC Full Name (Last, First, Middle Initial) Political Action Committee Services LLC Mailing Address 5708 Kirby Road City State Zip Code Clirton MD 20735 Purpose of Disbursement PAC Administrative Service Senate President State: District: Full Name (Last, First, Middle Initial) BankCard Credit Card Processing Mailing Address P.O. Box 2485 City State Zip Code WA 99210-2485 Purpose of Disbursement Credit card processing fees Candidate Name Office Sought: House Senate WA 99210-2485 Purpose of Disbursement Credit card processing fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BankCard Credit Card Processing fees Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle In								⊣	Н		igsquare	F	l .	3					
NAME OF COMMITTEE (In Full) American College of Nurse-Midwives Midwives-PAC Full Name (Last, First, Middle Initial) Political Action Committee Services LLC Mailing Address 5708 Kirby Road City Clinton Mailing Address 5708 Kirby Road City Clinton MD 20735 Purpose of Disbursement PAC Administrative Services Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) BankCard Credit Card Processing Mailing Address P,O, Box 2485 City Spokane WA 99210-2485 Purpose of Disbursement Credit card processing lees Candidate Name Office Sought: House Spokane Condidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) President State: District: Full Name														<u> </u>					
American College of Nurse-Midwives Midwives-PAC Full Name (Last, First, Middle Initial) Political Action Committee Services LLC Mailing Address 5708 Kirby Road City State Zip Code Clinton MD 20735 Purpose of Disbursement PAC Administrative Sarvices Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) BankCard Credit Card Processing Mailing Address P.O. Box 2485 City State Zip Code WA 99210-2485 Purpose of Disbursement Credit card processing fees Candidate Name Office Sought: House Disbursement City State Zip Code WA 99210-2485 Purpose of Disbursement Credit card processing fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Paypal Inc. Mailing Address 4100 Solutions Center #774100 City State Zip Code WA 99210-2485 Full Name (Last, First, Middle Initial) Paypal Inc. Mailing Address 4100 Solutions Center #774100 City State Zip Code IL 60677 City State Zip Code II 60677 City State Zip Cod	\vdash																		
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Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) BankCard Credit Card Processing Mailing Address P.O. Box 2485 City Spokane WA 99210-2485 Purpose of Disbursement Credit card processing fees Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Address Processing fees Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Paypal Inc. Mailing Address 4100 Solutions Center #774100 City State Zip Code IL 60677 Purpose of Disbursement Credit card processing fees Candidate Name Clast, First, Middle Initial) Paypal Inc. Mailing Address 4100 Solutions Center #774100 City Chicago IL 60677 Purpose of Disbursement Credit card processing fees Candidate Name Category' Type Office Sought: House Senate Primary General Other (specify) ▼ Credit card processing fees Candidate Name Category' Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: SubstotAL of Disbursements This Page (optional)		PAC Administrative Services		003						210	93.41								
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